

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Tang et al.

Title: SYSTEM FOR AND METHOD OF
PROTECTING A USERNAME
DURING AUTHENTICATION
OVER A NON-ENCRYPTED
CHANNEL

Appl. No.: 10/074,625

Filing Date: 02/13/2002

Examiner: Patel, Chirag R.

Art Unit: 2141

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to
the United States Patent and Trademark Office,
Alexandria, Virginia on the date below.

Todd A. Rathe

(Printed Name)

(Signature)

(Date of Deposit)

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Office Action dated October 25, 2006 rejecting Claims 1-20.

☒ Applicant claims small entity status.

☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

☒ Notice of Appeal Fee

☒ To be paid as detailed below

☐ Not required (Fee paid in prior appeal)

The required fees are calculated below:

| | | |
|-------------------------------------|--|----------|
| <input checked="" type="checkbox"/> | Notice of Appeal Fee | \$500.00 |
| <input type="checkbox"/> | Extension for response filed within the 3rd month: | \$0.00 |
| <input type="checkbox"/> | Extension Already Obtained for PREVMON month: | |
| | FEE TOTAL: | \$500.00 |
| <input checked="" type="checkbox"/> | Small Entity Fees Apply (subtract ½ of above): | \$250.00 |
| | TOTAL FEE: | \$250.00 |

- ☐ Please charge Deposit Account No. 50-3815 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.
- ☐ A Credit Card Payment Form authorizing a charge in the amount of \$ 0.00 to cover the filing and extension fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-3815. Should no proper payment be enclosed herewith, as by a credit card authorization being in the wrong amount, unsigned, post-dated, denied, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-3815.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date Jan. 24, 2007

By Todd A. Rathe

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